

APPLICATION DATA SHEET

Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?:

Computer Readable Form (CRF)?: No

Number of Copies of CRF::

Title:: AN INTEGRATED ELECTRONIC
MICROPHONE (AS AMENDED)

Attorney Docket Number:: 016660-188

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 6

Small Entity?: Yes

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Hong Kong

Status:: Full Capacity

Given Name:: Man

Middle Name::

Family Name:: WONG

Name Suffix::

City of Residence:: New Territories

State or Province of Residence::

Country of Residence:: Hong Kong

Street of Mailing Address:: 8 On Chun Street, Villa Oceania, Tower 2, 6/F,
Flat B, Man On Shan

City of Mailing Address:: New Territories

State or Province of Mailing Address::

Country of Mailing Address:: Hong Kong

Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Hong Kong

Status:: Full Capacity

Given Name:: Yitshak

Middle Name::

Family Name:: ZOHAR

Name Suffix::

City of Residence:: Kowloon

State or Province of Residence::

Country of Residence:: Hong Kong

Street of Mailing Address:: Hong Kong University of Science and Technology, Senior Staff Quarters, Tower 1, 4F, Flat C, Clear Water Bay

City of Mailing Address:: Kowloon

State or Province of Mailing Address::

Country of Mailing Address:: Hong Kong

Postal or Zip Code of Mailing Address::

Correspondence Information

Correspondence Customer Number:: 21839

Phone Number:: (703) 836-6620

Fax Number: (703) 836-2021

Representative Information

Representative Customer Number:: 21839

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
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This Application	Division of	10/050,858	01/18/02
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Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
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Assignee Information

Assignee Name::	THE HONG KONG UNIVERSITY OF SCIENCE AND TECHNOLOGY
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Street of Mailing Address:: Clear Water Bay

City of Mailing Address:: Kowloon

State or Province of Mailing Address::

Country of Mailing Address:: Hong Kong

Postal or Zip Code of Mailing
Address::